SENIORS' ADVISORY COUNCIL

A Delicate Balance:

Assisting Elderly Victims of Abuse and Neglect

Position Paper
B.C. Seniors' Advisory Council

June 1992

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This position paper reflects the Seniors' Advisory Council deliberations during 1991/92 on the issue of abuse and neglect of the elderly. Council hopes that this paper and the position it outlines will contribute to the discussion about elder abuse and encourage policy makers, service providers, and seniors to take the steps necessary to ensure that all elderly people live in safety and security. This position was unanimously adopted by Seniors' Advisory Council members at the Council's June 9, 1992 meeting.

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British Columbia
Seniors' Advisory Council

The British Columbia Seniors' Advisory Council was established under the Seniors Advisory Council Act passed in June of 1989. The Council consists of a chair designated by the Minister of Health and Minister Responsible for Seniors and not fewer than 14 other members. Members are selected with due consideration for regional representation, age, gender, ethnicity and relevant experience. The first members of the Council were appointed in June 1990 by the Lieutenant-Governor in Council.

The mandate of the Seniors' Advisory Council is: to advise the Minister of Health and Minister Responsible for Seniors on current and future issues of concern to seniors; represent the interests of seniors throughout the province; and, maintain close communication links with major seniors' organizations and organizations involved in providing services to seniors.

Members Of The Seniors' Advisory Council

Chair

Howard Petch	Victoria

Members

Elizabeth (Jall) Alfred	Vancouver
Frank Calder	Victoria
Lois Cutler	Kamloops
Louis Gair	Terrace
Bill Goldy	Nanaimo
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Mish Vadasz	Vancouver

Early in 1991, the Seniors' Advisory Council identified abuse and neglect of elderly people as a priority and established a task force to examine the issue more closely. The members of the Elder Abuse Task Force are: Herman Griemann, Chair; Murray Mawhinney; Willy Olesen; Gil Seabrook; and Mish Vadasz.

Council's Position In Brief

1. The Seniors' Advisory Council believes that abuse or neglect of elderly persons is unacceptable and that every effort must be made to eliminate this deviant behaviour from our society.

2. The Seniors' Advisory Council believes that the definition of abuse and neglect of elderly persons developed by the Interministry Committee on Elder Abuse should be accepted and used in British Columbia as a framework on which to base responses to the problem.

3. The Seniors' Advisory Council believes that the Government of British Columbia should encourage its ministries with relevant program responsibility and other community-based service agencies to collect data on the incidence and prevalence of abuse and neglect of elderly persons in order to better determine the dimensions of the problem in British Columbia.

4. The Seniors' Advisory Council believes that all intervention strategies for abuse and neglect of elderly persons should be characterized by a balanced attitude towards adults' right to self-determination and society's obligation to protect its members from abuse or neglect.

5. The Seniors' Advisory Council believes that the Government of British Columbia should encourage and support public education initiatives and assertiveness training/self-help groups to alert seniors to the problem of elder abuse and to encourage skills that may prevent incidents of elder abuse from occurring.

6. The Seniors' Advisory Council believes that the Government of British Columbia should encourage and support educational initiatives for professionals and non-professionals. Such educational initiatives should include elementary and secondary education on aging and family life, as well as training programs for professionals who work with seniors and their families.

7. The Seniors' Advisory Council believes that the Government of British Columbia, following its distribution of the provincial protocol guidelines, "Principles, Procedures, and Protocols for Elder Abuse," should continue to support and encourage communities throughout the province to develop and refine elder abuse protocols.

8. The Seniors' Advisory Council believes that, at this time, adult protection legislation should not be introduced to address elder abuse. Council believes that energies are better directed towards elder abuse initiatives involving education and training, development of protocols, and data collection.

Introduction: Elder Abuse And Family Violence

British Columbia, with the rest of North America, is currently undergoing dramatic demographic change. The number of elderly citizens of the province has been steadily increasing for some time. Approximately 13% of the population of British Columbia is now over the age of 65, compared with 11.3% of the Canadian population. It is estimated that by the year 2000, there will be 549,000 British Columbians in this age group or 14.2% of the population. Moreover, the number of people over the age of 80 is growing even more rapidly than the general seniors' population.

Elder abuse is not a new phenomenon. While child abuse and spousal abuse have each, in their turn, been at the centre of the public agenda, elder abuse has been later in coming to the forefront of our attention. Only recently has abuse of the elderly been recognized as another, complex dimension of domestic violence and come under the scrutiny of researchers, policy makers, and service providers. Only recently have governments begun to provide support for projects or services related to abuse of the elderly.

Although research is in very early stages and there is much we do not yet know about abuse and neglect of elderly persons, some theories about its cause are:

- pathological theory: this theory argues that abusive behaviour is determined by the personal or pathological problems of the abuser; alcoholism, drug abuse, and mental illness are all seen as possible causes of abuse.
- environmental theory: this theory argues that present situations and social conditions determine abusive behaviour.
- development theory: this theory argues that domestic violence is a learned behaviour that is passed on from generation to generation through established patterns of behaviour.

There are losses that may accompany aging — health problems that may lead to disability and to decreased cognitive and memory functioning; loss of family and friends; loss of self-esteem due to poverty, changing roles, and society's attitudes to aging and the elderly. Some of these age-related losses may result in increased vulnerability to abuse.

Finally, it is important to recognize the role of power in situations of abuse and neglect of all kinds. Some elderly people are subject to abuse because they are vulnerable to people who misuse power — this is the vital link between elder abuse, child abuse, and spousal abuse. A society which overvalues productivity and competition also devalues its weaker and more vulnerable members — women, children, persons with disabilities, and seniors.

The Seniors' Advisory Council believes that abuse or neglect of elderly persons is unacceptable and that every effort must be made to eliminate this deviant behaviour from our society.

Definition*

Elder abuse is any action/inaction, perpetrated by a person in a position of trust, which jeopardizes the health or well-being of an elderly person. It may include:

Physical Abuse

Any act(s) of violence or rough treatment causing injury or physical discomfort. May include the use of restraints.

Psychological or Emotional Abuse

Any act, including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth.

Financial Abuse or Exploitation

The misuse of an elderly person's funds and assets; obtaining property and funds without his/her knowledge and full consent or, in the case of an elderly person who is not competent, not in his/her best interests.

Sexual Abuse

Any sexual behaviour directed towards an elderly person without his/her full knowledge and consent; i.e., sexual assault, sexual harassment, or use of pornography.

Medication Abuse

Misuse of an elderly person's medications and prescriptions, including withholding medication and oversedating.

Violation of Civil/Human Rights

Denial of an elderly person's fundamental rights (according to legislation, the Charter of Rights and Freedoms, or the U.N. Declaration of Human Rights); for example: withholding of information; denial of privacy; denial of visitors; restriction of liberty; censorship.

Neglect

Active Neglect

Intentional withholding of basic necessities or care.

Passive Neglect

Not providing basic necessities and care because of lack of experience, information, or ability.

* This definition was developed by the Interministry Committee on Elder Abuse.

The Seniors' Advisory Council believes that the above definition of abuse and neglect of elderly persons should be accepted and used in British Columbia as a framework on which to base responses to the problem.

Incidence And Prevalence

While the following data will appear to describe the dimensions of the problem of elder abuse, it is important to bear in mind the difficulties involved in assessing how many seniors are abused and to what kind of abuse they are subject. Caution is advised in using all statistics to date on elder abuse in Canada.

The major difficulty involved in gathering statistics is that the abused are usually reluctant to admit to abuse at the hands of a caregiver and, thus, mail-out and telephone surveys tend to be unreliable. This reluctance to admit to abuse is also the reason that data based on physicians' and other professionals' reports may be inaccurate.

The first study of elder abuse in Canada was done for the Manitoba Council on Aging in 1982 by Donna Shell. Shell's results suggested that 2.2% of the elderly population is subject to some form of abuse. A number of surveys in other provinces and jurisdictions have been conducted since 1982; however, data from these sources are not considered reliable as all had methodological problems.

The results of the first national study of the incidence and prevalence of elder abuse were released in 1990 by Ryerson Polytechnical Institute with funding from Health and Welfare Canada. *The National Survey on Abuse of the Elderly in Canada: The Ryerson Study* was conducted via a random sample telephone survey of 2,008 elderly persons living in private dwellings in all regions of Canada. The survey looked at four categories of abuse: material abuse; chronic verbal aggression; physical violence; and neglect.

The following are some notable findings of the survey:[1]

- About 40 persons per 1,000 elderly population surveyed in private dwellings have recently experienced some form of maltreatment in their own home at the hands of a partner, relative, or other close contact; this figure translates into 4% of the population as a whole.
- Material (financial) abuse accounted for more than one half of abuse cases or about 2.5% of the sample; chronic verbal aggression accounted for about another third or 1.4% of the sample.
- Physical violence accounted for about 5 persons per 1,000 surveyed or 0.5% of the sample.
- Victims of material (financial) abuse and neglect are likely to be widowed and living alone; victims of verbal aggression and physical violence tend to be married and living with their abuser.

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[1] As some of the informants for this survey were victims of more than one kind of abuse (financial as well as psychological, for example), the following statistics reflect overlap among the kinds of abuse.

According to survey results, the prevalence rates per 1,000 elderly persons in private dwellings in each of the regions surveyed were:

British Columbia	53
Prairies	30
Ontario	40
Quebec	40
Atlantic Prov.	38

These figures are the basis for the now often-quoted figure for the prevalence of elder abuse in British Columbia — "an estimated 16,000 elderly persons suffer from abuse or neglect."

The Seniors' Advisory Council believes that the Government of British Columbia should encourage its ministries with relevant program responsibility and other community-based service agencies to collect data on the incidence and prevalence of abuse and neglect of elderly persons in order to better determine the dimensions of the problem in British Columbia.

Intervention

Council believes that society is obligated to assist persons of all ages who are unable to protect themselves from abuse; at the same time, Council is convinced that capable adults of all ages are entitled to live as they wish, even if that means living with abuse or at risk of abuse.

With this delicate balance in mind, Council believes that the following principles should be the basis for any intervention into cases of abuse and neglect of elderly persons.

All capable adults have the right to:

- the fundamental requirements of life — food, clothing, shelter, and social contact;
- live their lives as they wish without infringing on the rights and safety of others;
- protection from physical, emotional, financial, and other forms of abuse;
- information about civil and legal rights;
- refuse assistance.

Every situation involving suspected abuse and neglect must be assessed individually to determine the best interests of the person(s) involved and the degree of intrusion warranted. Situations will vary in degree of risk for the adult person.

In a suspected case of abuse, intervention:

- should be the least intrusive or restrictive;
- should be aimed at maximizing the person's/family's choices;
- should be based on a person's/family's strengths and abilities or positive action;
- can only be undertaken with the voluntary and informed consent of the client whenever and to whatever degree that person is competent to participate.

The Seniors' Advisory Council believes that all intervention strategies for abuse and neglect of elderly persons should be characterized by a balanced attitude towards adults' right to self-determination and society's obligation to protect its members from abuse or neglect.

Public Education And Prevention

A major difficulty in identifying elder abuse is that many abused seniors may be reluctant to admit to abuse because their abuse may be perpetrated by a spouse or an adult child on whom they depend; they may fear institutionalization; or they may fear further harm from the abuser.

An important strategy to address this part of the problem involves helping seniors to build self-esteem, assertiveness, and independence and encouraging seniors to plan carefully for their future to avoid potentially abusive living situations.

Council believes that educational programs are a key to reducing elder abuse in the future and that such programs, using all media, must be expanded, made public, and directed towards all generations. However, Council believes that the development of public awareness campaigns should be approached cautiously until communities have had the opportunity to develop effective response strategies.

In addition to educating people of all ages about abuse and neglect of the elderly, it is also important to educate people of all ages about the process and experience of aging. Such education is important in terms of planning for one's old age, for assisting older relatives in their later years, and for changing negative attitudes about aging and the elderly.

The Seniors' Advisory Council believes that the Government of British Columbia should encourage and support public education initiatives and assertiveness training/self-help groups to alert seniors to the problem of elder abuse and to encourage skills that may prevent incidents of elder abuse from occurring.

Training

The Seniors' Advisory Council believes that it is important to provide appropriate education and training to all workers who deal with seniors, professional and non-professional alike, to help them identify abuse and its risk factors, and to work with interdisciplinary teams to respond appropriately to incidents of elder abuse.

The Seniors' Advisory Council believes that the Government of British Columbia should encourage and support educational initiatives for professionals and non-professionals. Such educational initiatives should include elementary and secondary education on aging and family life, as well as training programs for professionals who work with seniors and their families.

Protocols

One of the most important ways of addressing elder abuse is by developing and using protocols — a protocol is a standard set of responses to a suspected case of elder abuse, which basically answers the question "What should be done and by whom?" These responses could include emergency intervention, counselling, legal advice or action, respite care, homemaker service, or home care.

Many hospitals, some health units, and other agencies that serve seniors have developed protocols for dealing with the problem of abuse. Given the range of service providers who deal with the elderly, the differences in services available in each community, and the very different kinds of abuse to which seniors are subject, protocols must be tailored to accommodate these variations.

The Seniors' Advisory Council has reviewed the draft provincial protocol document "Principles, Procedures, and Protocols for Elder Abuse," which has been developed by the Interministry Committee on Elder Abuse, and has offered its comments and suggested changes to that committee. The Council looks forward to this document being made available throughout the province.

The Seniors' Advisory Council believes that the Government of British Columbia, following its distribution of the provincial protocol guidelines, "Principles, Procedures, and Protocols for Elder Abuse," should continue to support and encourage communities throughout the province to develop and refine elder abuse protocols.

Adult Protection Legislation

Forty-three jurisdictions in the U.S. and four in Canada (Newfoundland, New Brunswick, Nova Scotia, and Prince Edward Island) have enacted some type of adult protection legislation. While such legislation may apply to cases of elder abuse, it usually covers *all* adults over 16 or 18 years.

Mandatory reporting of elder abuse is a legislated requirement to report all suspected cases of abuse of an adult to a public authority. The obligation to report appears in most U.S. state and provincial (N.S. and Nfld.) adult protection legislation.

To date, there is no evidence to suggest that mandatory reporting is an effective means of addressing the problem of elder abuse. Indeed, the fact that mandatory reporting is based on the child welfare model also makes it inappropriate for competent elderly adults. The following criticism summarizes this view:

"Mandatory reporting laws for suspected incidents of child abuse are based on three assumptions: (1) children are incompetent, helpless, and vulnerable; (2) children are at the mercy of their caretakers; and (3) society has a protectible interest in their children. The premise of these statutes is that the state, acting in its role as *parens patriae*, must protect those who cannot speak for or protect themselves. Instituting elder abuse reporting statutes based on such a premise implies that elders are incompetent and unable to make a report on their own. Such an implication may serve to infantilize the elder's position in society, thereby furthering a form of bigotry towards elders known as ageism."[2]

Council reviewed existing legislation in other provinces and jurisdictions, discussed existing legal remedies, and debated the need for adult protection legislation in British Columbia.

The Seniors' Advisory Council believes that, at this time, adult protection legislation should not be introduced to address elder abuse. Council believes that energies are better directed towards elder abuse initiatives involving education and training, development of protocols, and data collection.

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[2] D. Lee (1986). "Mandatory Reporting of Elder Abuse: A Cheap but Ineffective Solution to the Problem." Fordham Urban Law Studies, 14: 730-731.